

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Entenmann

Serial No. 09/678,295

Filed: October 2, 2000

For: METHOD OF EFFECTING CASHLESS PAYMENTS  
AND A SYSTEM FOR IMPLEMENTING THE  
METHOD



Examiner: D. Felten

Group Art Unit: 3624

Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 6, 2004, enclosed are the following regarding the above-identified patent application:

1. Supplemental Response;
2. This Transmittal Letter; and
3. Return postcard.

☒ Small entity status of this application has been established.

☐ No additional fee is required.

The fee has been calculated as shown below:

The fee has been calculated as shown below.

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE
TOTAL	41	minus	129		= 0	x 9	\$_____	OR	x 18
INDEP	13	minus	10		= 3	x 43	\$129.00	OR	x 86
[ ]	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ 145	\$_____	OR	+ 290
	TOTAL						\$_____	OR	TOTAL
							\$_____		\$_____

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge Deposit Account No. 08-1394, Order No. 34526.2 in the amount of \$\_\_\_\_\_.

☒ A check in the amount of \$129.00 is enclosed.

[ X ]

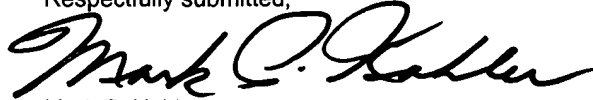
The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-1394, Order No. 34526.2.

[ X ] Any additional filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.

[ X ] Any patent application processing fees under 37 C.F.R. § 1.17.

[ X ] A copy of this sheet is enclosed.

Respectfully submitted,



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• A-162964.1

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Fee Amendment, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on	<u>05/05/04</u>
Date	<u>Julie Schwartz</u>
Signature	<u>Julie Schwartz</u>
Typed or Printed name of person signing Certificate	



**PATENT**  
Docket: 12964.15 (34526.2, P4050PWOU\$)  
Customer No. 000027683

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www.ck12.org

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## SUPPLEMENTAL RESPONSE

Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Sir:**

Please amend the above-identified application as follows:

05/11/2004 HVUONG1 00000114 09678295

01 FC:2201 129.00 OP

## INTRODUCTORY COMMENTS

Claims 1, 18, 35-37, 42 and 43 are currently amended.

Claim 34 is cancelled.

Claims 44 and 45 are added.

A discussion of the basis for claims 35 – 45 is included.

Re-examination and reconsideration of the application, as amended, are requested.